



LUNDS & BYERLYS

**Bakery, Confectionery, Tobacco Workers and  
Grain Millers International Union, AFL-CIO, CLC**

312 Central Ave Suite 590  
Minneapolis MN 55414  
612-379-2921 (p) 612-379-0473 (f)

**DUES CHECK-OFF** — *Please print legibly*

**Employee Authorization for Payroll Deduction of Amounts Equal to Union Dues and Initiation Fee for BCTGM Local 22**

Beginning in \_\_\_\_\_ (month and year)

I authorize the company, **Lund Food Holdings, Inc.**, to deduct each pay period from my salary or wages or vacation payments an amount equal to regular dues for the month or prorated for the pay period and an amount equal to the initiation fee, as such amounts may be certified to the Company in writing by the Financial Secretary of the Bakery, Confectionery, Tobacco Workers and Grain Millers International Union BCTGM Local 22. Each amount so deducted shall be remitted by the Company to the Secretary-Treasurer of the BCTGM or his duly authorized agent. If for any reason the Company fails to make a deduction, I authorize the Company to make such deduction in a subsequent payroll period.

This authorization shall continue in effect until cancelled by written notice signed by me and individually sent by mail to the Company and to the Union during the fourteen (14) day period prior to the anniversary date or termination date of the current or any subsequent Collective Bargaining Agreement between the Company and the BCTGM Local 22.

This authorization is voluntarily made, is neither conditioned on my present or future membership in the Union, nor is it to be considered as the quid pro quo for membership.

Union membership dues and other fees are not deductible as charitable contributions for Federal Income tax purposes. Dues and other fees, however, may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

Note: This does not alter the collective bargaining provisions relating to the collection of back dues.

Rate of Pay Hired at: \$ \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_